

including contacts and patients in the latent secondary stage. Recognition depends on a careful survey of the whole population by trained local medical auxiliaries. In countries where the rural population lives in large villages or small villages close together, one suitably placed centre is established, but where the population is scattered, house-to-house visits must be made.

Treatment, which is given at a centre staffed by local people, consists ideally in a single intramuscular injection of procaine penicillin in aluminium monostearate (PAM), adults receiving at least 1·2 mega units and children proportionately less; the dose given to contacts is half that given in the infectious stage of the disease.

The author suggests that until some means of detecting the latent stage of yaws has been evolved treatment might be given to:

(1) every person who has had active secondary lesions during the preceding 5 years; or

(2) every person under 18 to 20 years of age; or

(3) all schoolchildren and children aged 2 to 6 years who have yaws or who have a history of yaws. Measures designed to prevent the reintroduction of the disease into an area already controlled are an essential part of the programme. Rural dispensaries, with an itinerant staff and facilities for seeking out cases and for treatment, must be maintained to deal with the few cases that occur after the initial campaign is over. The work of these dispensaries can be extended eventually to include treatment for malaria, bilharziasis, and worm infestation.

The author emphasizes the importance of obtaining the co-operation of the inhabitants and their leaders throughout the campaign.

T. A. Pace

**Venereal Disease Epidemiologic Study in Kansas City, Wyandotte County, Kansas.** BYINGTON, Le G. B., and WETTIG, H. (1953). *J. Kans. med. Soc.*, **54**, 420. 1 fig.

**Control of Venereal Diseases in New China.** HU, C. K., CHEN, C. C., YEH, K. Y., WANG, K. C., CHEN, H. T., and SUN, H. L. (1953). *Chin. med. J.* **71**, 248.

## MISCELLANEOUS

**First Impressions of the Effect of Cortisone in Ocular Diseases.** (In Serbo-Croat.) STANKOVIĆ, I., and BLAGOJEVIĆ, M. (1952). *Srpski Arhiv*, **80**, 823.

Twenty-two patients were given local cortisone. The results and observations are similar to those of other authors. They recommend especially subconjunctival administration.

D. Lukic

**Causes of Neonatal Blindness.** (Oorzaken van blindheid bij nieuwgeborenen.) FRANÇOIS, J., and VERIEST, G. (1952). *Belg. T. Geneesk.*, **8**, 961. 7 figs.

A detailed discussion with the causes classified under the headings: lids, globe, cornea, iris, lens, vitreous, retina and choroid, optic nerve and optic pathways.

M. H. T. Yuille

**Case of Granuloma Inguinale in Scotland: Response to Aureomycin.** FERGUSON, A. G., and ROBERTS, G. B. S. (1953). *Brit. med. J.*, **1**, 1257. 4 figs, 20 refs.

**Treatment of Venereal Diseases in Private Practice in Philadelphia.** LENTZ, J. W., and BEERMAN, H. (1953). *Amer. J. Syph.*, **37**, 427. 7 refs.

**Value of Findings in the Eyes for the Understanding of the Aetiology of Erythematodes.** (Die Bewertung der Augenbefunde für die Erkennung der Ätiologie beim Erythematodes.) ROHRSCHEIDER, W., and EHRING, F. J. (1953). *Hautarzt*, **4**, 451. Bibl.

**Studies in Pallesthesia. Quantitative Vibratory Levels in Syphilis and in Lymphogranuloma Venereum.** GOLDBLATT, S. (1953). *Amer. J. Syph.*, **37**, 471. 8 figs, 10 refs.

**Prophylaxis of Ophthalmia Neonatorum.** SHAW, E. B. (1952). *J. Pediat.*, **41**, 374

## CORRECTION

It is regretted that in the abstract (*British Journal of Venereal Diseases* (1953), **29**, 250) of the paper "*Trichomonas vaginalis* in the Male. The Experimental Infection of a Few Volunteers", by F. Lanceley and M. G. McEntegart (*Lancet* (1953), **1**, 668), it was erroneously stated that the inoculation of volunteers was carried out at St. Luke's Clinic, Manchester. The work was, in fact, carried out on patients from the V.D. Department, The Royal Infirmary, Liverpool, whilst they were in-patients in the Newsham General Hospital, Liverpool.